

# Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp <b>RECEIVED</b> 2006 FEB -3 PM 2:11 CITY CLERK CITY OF LODI	<b>CALIFORNIA FORM 501</b> For Official Use Only
--	---

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) HANSEN, LARRY D DAYTIME TELEPHONE NUMBER (209) 369-8242 FAX NUMBER (optional) ( ) E-MAIL (optional) LHANSEN9116@SBCglobal.NET

STREET ADDRESS 2928 APPIEWOOD DRIVE CITY Lodi STATE CA ZIP CODE 95242

OFFICE SOUGHT (POSITION TITLE) CITY COUNCIL MEMBER AGENCY NAME CITY of Lodi DISTRICT NUMBER, if applicable.    ☐ NON-PARTISAN

OFFICE JURISDICTION CITY COUNCIL MEMBER CITY of Lodi PARTY: REPUBLICAN

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: CITY of Lodi (Name of Jurisdiction) 2006 (Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

   (Year of Election)    Primary/general election    (Year of Election)    Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on:    /    /    and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On    /    /   , I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 2-3-06  
(month, day, year)

Signature Larry D. Hansen  
(Candidate)

FPPC Form 501 (Jan/03)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772